

eucaïne, procaine and holocaine had no effect on the size of the pupil, accommodation and intraocular pressure. From these results it is suggested that the well-known pupillary and eye effects of cocaine are concerned with peculiarities of its chemical structure. In practically equivalent concentrations (2.6 per cent), neutral and basic solutions of psicain were found more efficient than cocaine for conduction anesthesia of the frog's sciatic nerve. Acid solutions of psicain tartrate possessed no greater activity than the solution of tartaric acid. This difference illustrates nicely the greater permeability efficiency of basic alkaloids than of their salts, a principle made use of frequently by surgeons in securing better and more complete anesthesia. The better permeability of the anesthetic bases is due probably to their lipid solubility in nerve structures. From their work Santesson and associates conclude that the neutral psicain possesses the following advantages over cocaine: lower toxicity and greater anesthetic efficiency, so that lower concentrations suffice and the anesthesia is more prolonged.

Certain anesthetic derivatives of d- $\Psi$ -ecgonine have been recently investigated by Gray of the Wellcome Research Laboratories in London. Their salts show the comparatively sparing solubility in water which characterizes the d- $\Psi$ -ecgonine derivatives in general. Preliminary results show that all the new esters, with three exceptions, are more active anesthetics than cocaine, as tested on the rabbit's cornea. The minimum effective concentration of the best of these, benzylbenzoyl-d- $\Psi$ -ecgonine, is  $\frac{1}{4}$  that of cocaine. The effective concentrations of this anesthetic are from 0.025 to 0.05 per cent for the cornea and from 0.005 to 0.01 per cent subcutaneously; the average lethal dose is 39 mgm. per kilo in mice. Five are better anesthetics than cocaine as tested by subcutaneous injection; of these the best, B-phenylethylbenzoyl-d- $\Psi$ -ecgonine and  $\Psi$ -phenylethylbenzoyl-l-ecgonine, are active in  $\frac{1}{8}$  the concentration required by cocaine. The toxicity of the substances just mentioned, as determined by intravenous injection into mice, is considerably less than that of cocaine in the case of the first, and only slightly greater than that of cocaine in the second and third. Apart from these, a rough parallelism, it is claimed, is observable between the degree of anesthetic action and toxicity. Thus, it seems that chemical investigations are continually bringing out new and unsuspected qualities in local anesthetics, though it may be doubted if man's ingenuity has as yet matched nature's secret skill.

### "THE HIGH COST OF BEING BORN"

Doctors, hospitals, and nurses are under rather vigorous attack from numerous sources in many places for their alleged responsibilities for what the slogan makers call the "high cost of being born."

This wave of criticism has at last been taken up in California, and newspaper reports based upon what should be reliable sources of information claim that whereas "in grandma's day one could enter the world for less than \$100, it now costs an average of \$541.95 to be born, exclusive of nursing service and complications." The investigators appear shocked that it should cost from \$1000 to \$5000 to get some millionaire babies properly transposed from

their intrauterine parasitic existence to their extra-abdominal parasitic lives.

Analysis of these costs and luxuries was not furnished, or failed to interest editors. We are not informed that the costs of production are included in the costs of delivery. Nor are we told of the costs of production machinery running wild with its wastage along the road between production and delivery. Figures as to the costs of babies that do not include an analysis of these items are worse than useless to economists and the public, but they are easily interpreted as a criticism of those who serve, and that is the apparent purpose of many such reports.

Some grandmas may have been able to bring their babies into the world for less than \$100, or even without any cash outlay at all, but plenty of other grandmas were proud of the fact that they paid the equivalent of five thousand, ten thousand, and more for their children.

"Surveyors" often lose their sense of proportion when they begin to set aside certain angles of grandma's conduct, intelligence, and beliefs, and particularly when they are comparing the costs of grandma's babies with the costs of granddaughter's babies. Grandma could buy a pair of shoes for \$1, make her own candles from home-rendered tallow, cook and heat her house with wood cut by grandfather from trees in the yard. A neighbor woman assisted the doctor, whose only preparation for the event was to roll up his sleeves, wash his hands (maybe), and proceed to assist nature. Layettes were made by the mother and were woven with dreams, sewed by love, blessed with faith and hope, and sterilized by kisses.

Today there is no prospective mother in California who may not have all essential services connected with motherhood within costs she is able to pay, from nothing up. To be sure she may go as far as she likes in luxuries, and many elect outstanding luxuries for precisely the same fundamental reason that influences her to have a \$15,000 automobile with exclusive furnishings. The average doctor's fee for maternity service including prenatal and postnatal care is under \$50 in California, and if the large cities are excluded, it averages from \$20 to \$35.

There are numerous hospitals where those with crimped finances may have a flat rate of from \$50 to \$75 for everything, including the doctor's services, which are donated in such instances. Then, of course, there are the forty-odd tax-supported hospitals where the poor may go and have all service free of cost to themselves.

Finally, grandmother's doctor spent from six months to a year of his time and from \$100 to \$300 for his education and \$25 for his equipment. Granddaughter's doctor spends eight years above high school in hard study; he or some one spends \$20,000 for his education, and a decent equipment costs at least \$15,000 more. "Economists" should grasp and investigate more facts before they sling together the stories of a few individuals and issue them as facts arrived at by "research."

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The American Board of Otolaryngology will hold an examination in Denver, Colorado, at the University Hospital on Monday, September 13, 1926. Application should be made to the Secretary, Dr. H. W. Loeb, 1402 South Grand Boulevard, St. Louis, Missouri.